

Medical Release Form

Authorization to Attend Event and Emergency Medical Treatment

Please type or print all information. This form is required for all members attending designated Key Club activities. The parent, legal guardian or person in *loco parentis* for the member must complete this form.

<p>Member Information</p> <p>_____</p> <p>First M.I. Last</p> <p>_____</p> <p>Street Address</p> <p>_____</p> <p>City State Zip / Postal Code</p> <p>_____</p> <p>Sex (F / M) Birthdate</p>	<p>Chaperone</p> <p>Who is the designated chaperone responsible for this Key Club member?</p> <p>_____</p> <p>Name</p> <p>_____</p> <p>Relationship to Member</p> <p>_____</p> <p><i>Note: An adult chaperone for Key Club shall be a Kiwanis member, faculty member, parent, legal guardian or person who is in loco parentis, over the age of 21, approved by the school and registered with and accompanying the Key Club member at the event or activity.</i></p>												
<p>Emergency Information</p> <p>In case of emergency, please contact: _____ Relationship to Member: _____</p> <p>Cell Phone: (____) _____ Home / Work Phone: (____) _____</p> <p>Alternate Contact: _____ Relationship to Member: _____</p> <p>Cell Phone: (____) _____ Home / Work Phone: (____) _____</p>													
<p>Medical Information</p> <p>Health Insurance Company: _____ Policy Number: _____</p> <p>Group Name on Insurance Coverage: _____</p> <p>Telephone number or other contact information shown on insurance card: _____</p> <p>Will your Key Club member be taking any prescription medication or over-the-counter drugs of any type? _____</p> <p>If yes, please explain: _____</p> <p>Has he / she ever been or currently being treated for (Yes / No)?</p> <table style="width: 100%; border: none;"> <tr> <td>Nervousness? _____</td> <td>Rheumatic fever? _____</td> <td>Asthma? _____</td> </tr> <tr> <td>Convulsion or epilepsy? _____</td> <td>Cancer or tumors? _____</td> <td>Diabetes? _____</td> </tr> <tr> <td>Heart condition? _____</td> <td>Headaches? _____</td> <td>Allergies to medication? _____</td> </tr> <tr> <td>High blood pressure? _____</td> <td>Fainting spells? _____</td> <td></td> </tr> </table> <p>List any allergies or other medical conditions of which we need to be aware: _____</p> <p>_____</p>		Nervousness? _____	Rheumatic fever? _____	Asthma? _____	Convulsion or epilepsy? _____	Cancer or tumors? _____	Diabetes? _____	Heart condition? _____	Headaches? _____	Allergies to medication? _____	High blood pressure? _____	Fainting spells? _____	
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<p><i>I am the parent or legal guardian for the above-mentioned Key Club member, and give my permission for him/her to attend the convention, conference and/or other event(s) sponsored by Key Club International or the Cal-Nev-Ha District. I also have read and understand the Code of Conduct form, and I understand that a violation of certain provisions of these rules may result in the dismissal of my Key Club member. I hereby certify that the information provided above is correct. In the case of medical emergency, I understand that every effort will be made to contact the emergency contacts listed above. In the event those persons cannot be reached or time does not permit, I hereby give permission to a licensed physician or other medical provider, to provide proper treatment, including but not limited to hospitalization, injection, anesthesia and/or surgery, for the above named Key Club member. On behalf of myself and my ward/minor, I/we hereby RELEASE, WAIVE, AND FOREVER DISCHARGE Key Club International, Cal-Nev-Ha Kiwanis District and their officers, directors, employees, parents and subsidiaries, agents, from any and all claims, liabilities, causes of actions, damages, demands, judgments, executions, liens and costs whatsoever, in law or equity, including, without limitation, liability for death or bodily injuries to any person or damage to any property resulting from any (i) claims made against medical providers of emergency services under this authorization, or (ii) against Key Club International or the Cal-Nev-Ha Kiwanis District for obtaining medical emergency services for said Key Club member pursuant to this authorization.</i></p>													
<p>Parent / Guardian Name: _____ Signature: _____ Date: _____</p>													